

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: AMERICAN BOBCAT, BACKHOG + LANDSCAPING INC
BUSINESS STREET ADDRESS: 5201 SW 76 AVE ZIP 33328
BUSINESS MAILING ADDRESS: SAME AS ABOVE ZIP _____
BUSINESS PHONE: 680-5321

DESCRIBE TYPE OF BUSINESS: LAWNS, PLANTING, TRASH CUTTINGS REMOVAL
BUSINESS IS: Corporation ☐ Sole Proprietor ☒ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>MICHAEL LEWIS</u>	<u>5201 SW 76 AVE</u>	<u>DAVIE, FL 33328</u>	<u>680-6811</u>
2. <u>CHARLES LEWIS</u>	<u>5201 SW 76 AVE</u>	<u>DAVIE, FL 33328</u>	<u>680-6811</u>

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 02, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

MICHAEL LEWIS, PRESIDENT
Print Owner or Officers Name and Title

Michael Lewis
Signature of Owner or Officer

Office Use Only: Date <u>11/14/01</u> Category <u>09600</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee _____ Rec# _____ New <input type="checkbox"/> Trans <input checked="" type="checkbox"/>	
License # _____	Control # <u>09602 13395</u> Zoning <u>A-1</u>
Council approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION